

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

UNITED STATES OF AMERICA

Criminal No: 3:21-23

v.

CHRISTINA ANDERSON

18 U.S.C. § 371
18 U.S.C. § 287
18 U.S.C. § 1347
42 U.S.C. § 1320a-7b(b)

INFORMATION

COUNT 1
(Conspiracy to Defraud the United States)

THE UNITED STATES ATTORNEY CHARGES:

1. The defendant, **CHRISTINA ANDERSON**, and others defrauded the United States, Medicare, and Medicare beneficiaries through a fraudulent kickback scheme that placed profit over care.

Conspiracy

2. From at least in or around September 2015 and continuing up to December, 2015, in the District of South Carolina and elsewhere, the defendant **CHRISTINA ANDERSON** and others knowingly and intentionally combined, conspired, confederated, agreed, and had a

understanding to:

- a. knowingly defraud the United States by impairing, obstructing and defeating, and attempting to impair, obstruct, and defeat the lawful functions of the United States Department of Health and Human Services “hereinafter DHHS”;
- b. knowingly and willfully devised a scheme and artifice to defraud health care programs and to obtain by means of false and fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, in violation of Title 18, United States Code, Section 1347;
- c. knowingly offering and paying remuneration, including kickbacks, directly and indirectly, overtly and covertly, in cash and in kind, to any person to induce a person to refer an individual to a person for the furnishing and arranging for the furnishing of any item or service for which payment may be made in whole and in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A);
- d. knowingly offering and paying remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to any person to induce such person to purchase, and arrange for and recommend purchasing and ordering any good, for which payment may be made in whole and in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(B).

Purpose of the Conspiracy

19. It was the purpose of the conspiracy for the defendant, **CHRISTINA ANDERSON**,

and others to enrich themselves and maximize profits, through the payment and receipt of kickbacks, at the expense of the United States and patients by participating in the following scheme.

Manner and Means of the Conspiracy

20. The manner and means of the conspiracy operated substantially as follows and include, but were not limited to:

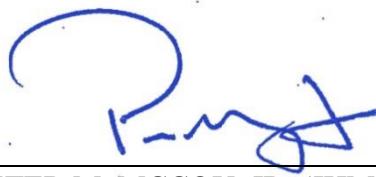
- a. Durable Medical Equipment Companies (“DME companies”) entered into agreements with Byte Success Marketing LLC (“Byte Marketing”), owned by **CHRISTINA ANDERSON**, and other call centers to purchase completed product orders, sometimes referred to as “leads.”
- b. These completed product orders included patient information and signed prescriptions for durable medical equipment. The DME companies would pay Byte Marketing and other call centers on a per-prescription basis.
- c. The DME company would then take the prescription and patient information and submit or cause to be submitted claims, or bills, to Medicare.
- d. To disguise the arrangement between Byte Marketing and the DME companies, Byte Marketing sent invoices to the DME companies that disguised the fact that what was being purchased was a signed prescription and patient information.
- e. The scheme used drop ship companies to process the orders and ultimately ship the DME products to the Medicare patients. These dropship companies were paid by the DME companies participating in the scheme.

Overt Acts

21. In furtherance of the conspiracy and to effect the conspiracy, the following overt acts, among others, were committed in the District of South Carolina;

- a. On or about November 16, 2015, a DME company billed Medicare \$1,400 for a Knee Orthosis, for Medicare patient M.A., claim number 115320801396000.
- b. On or about December 3, 2015, a DME company billed Medicare \$2,000 for a Lumbar Sacral Orthosis, for Medicare patient C.K., claim number 115337762500000.

All in violation of Title 18, United States Code, Section 371.



PETER M. MCCOY, JR. (JHM, DAS)
UNITED STATES ATTORNEY